

# Vacation Bible Camp (VBC) Volunteers

Date: July 12-16

Time: 5:30-8:00pm

## Before VBC, I would like to help by:

- Praying for teachers and students
- Preparing craft materials

- Painting banners, backdrops, coloring name-tags, etc.

## During VBC, I would like to help in the following areas:

- Group Leader (completed PreK-3,PreK-4)
- Group Leader (completed Kindergarten)
- Group Leader (completed Grade 1)
- Group Leader (completed Grades 2, 3)
- Group Leader (completed Grades 4, 5)
- Assistant Group Leader (*state age group*)
- Gramaticus Shopkeeper
- Architecture Shopkeeper
- Wreath-making Shopkeeper
- Shield/Sword Shopkeeper

- Scribe Shopkeeper
- Toga Shopkeeper
- Kitchen Helper
- Clean up after meals
- Craft Helper
- Music Helper
- P.E. Helper
- Photographer
- Help put on skits
- 2 doz. Large Brownies (bring by Mon.)

## After VBC, I would like to help by:

- Writing thank-you notes

NAME: \_\_\_\_\_  adult  teen

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

NAME: \_\_\_\_\_  adult  teen

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

If you have any questions about Vacation Bible Camp or your involvement in it, please call:  
Debby Wasson at (410-798-6901) or Sharon Graham at (410-798-5680)

### PLEASE RETURN THIS FLYER to:

The Religious Education Office  
Holy Family Church  
P.O. Box 130  
Davidsonville, MD 21035

Davidsonville United Methodist, Holy Family & All Hallows Churches

# Vacation Bible Camp Registration 2009

To be held at **Davidsonville United Methodist Church**

July 12-16 from 5:30 to 8:00 p.m.

(Snack only on Sunday, Dinner Included Mon.-Wed., Potluck on Thurs.)

\$20 per child.

## Children to be registered:

First name	Last name	Grade <b>Completed</b>	Birthday

(3 year olds must be potty-trained and must be 4 years old by Sept. 1, 2009)

Parents or guardian name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (home) \_\_\_\_\_

(cell) \_\_\_\_\_

Emergency contact if you are unavailable:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Church you are from:

< D.U.M.C

< Holy Family

< All Hallows

< Other

Registrar completes: Amount paid \_\_\_\_\_ < Cash < Check and check # \_\_\_\_\_

Complete both sides of the form. **Make check out to D.U.M.C.**

**ALLERGIES:**

Return both to:

The Religious Education Office

Holy Family Church

P.O. Box 130

Davidsonville, MD 21035

Registration limited to 20 kids per class. All forms must be mailed by June 30.